## **Developmental Disabilities**

#### Rates Effective July 1, 2017-June 30, 2018



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	I Ettective I			Rate ffective /01/2017	Unit Value	Comments
Behavioral Services											
Behavioral Line Staff	H2019	U3				\$	6.63	\$	6.72	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U3	22	TG		\$	24.94	\$	25.29	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U3	TF	TG		\$	24.94	\$	25.29	15 Minutes	Maximum of 208 combined units of
Behavioral Counseling, Group	H2019	U3	TF	HQ		\$	8.40	\$	8.52	15 Minutes	Individual and Group Counseling services per Service Plan year.
Behavioral Plan Assessment	T2024	U3	22			\$	24.94	\$	25.29	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Day Habilitation Maximum of 4,800 combir Service Plan year. Maximu Services, and Supported B	um of 7,1	12 com	bined ι	units of	Specia						
Specialized Habilitation Level 1	T2021	U3	HQ			\$	2.36	\$	2.39	15 Minutes	
Specialized Habilitation Level 2	T2021	U3	22	HQ		\$	2.59	\$	2.63	15 Minutes	
Specialized Habilitation Level 3	T2021	U3	TF	HQ		\$	2.89	\$	2.93	15 Minutes	
Specialized Habilitation Level 4	T2021	U3	TF	22	HQ	\$	3.40	\$	3.45	15 Minutes	
Specialized Habilitation Level 5	T2021	U3	TG	HQ		\$	4.21	\$	4.27	15 Minutes	
Specialized Habilitation Level 6	T2021	U3	TG	22	HQ	\$	6.05	\$	6.13	15 Minutes	
Specialized Habilitation Level 7	T2021	U3	SC	HQ		\$	9.52	\$	9.65	15 Minutes	
Supported Community Connections Level 1	T2021	U3				\$	2.87	\$	2.91	15 Minutes	
Supported Community Connections Level 2	T2021	U3	22			\$	3.14	\$	3.18	15 Minutes	
Supported Community Connections Level 3	T2021	U3	TF			\$	3.54	\$	3.59	15 Minutes	
Supported Community Connections Level 4	T2021	U3	TF	22		\$	4.07	\$	4.13	15 Minutes	
Supported Community Connections Level 5	T2021	U3	TG			\$	4.90	\$	4.97	15 Minutes	
Supported Community Connections Level 6	T2021	U3	TG	22		\$	6.44	\$	6.53	15 Minutes	
Supported Community Connections Level 7	T2021	U3	SC			\$	9.52	\$	9.65	15 Minutes	
Dental Services											
Basic	D2999	U3					-		-	Dollar	Please refer to DIDD
Major	D2999	U3	22				-		-	Dollar	Dental Fee Schedule for rates
Non-Medical Transporta Maximum of 508 units (trip		ervice F	lan yea	ar (all m	nileage	band	ds plus pu	ıblic	conveyan	ce).	

Version: 1.5

Date: 03/14/2018



#### **Developmental Disabilities**

Version: 1.5

Date: 03/14/2018

#### Rates Effective July 1, 2017-June 30, 2018



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2016		Rate fective 01/2017	Unit Value	Comments
Mileage Band 1 (0-10 Miles)	T2003	U3				\$	5.79	\$	5.79	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U3	22			\$	12.13	\$	12.13	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U3	TF			\$	18.47	\$	18.47	1 Trip	
Other (public conveyance)	T2004	U3				\$	1.00	\$	1.00	Dollar	Bus passes or other public conveyance may be used only when equivalent to or more cost effective than the applicable mileage range.
Prevocational Services Maximum of 4,800 combin Service Plan year. Maximu Services, and Supported E	ım of 7,11	12 com	bined ι	units of	Specia						
Prevocational Services Level 1	T2015	U3	HQ			\$	2.36	\$	2.39	15 Minutes	
Prevocational Services Level 2	T2015	U3	22	HQ		\$	2.59	\$	2.63	15 Minutes	
Prevocational Services Level 3	T2015	U3	TF	HQ		\$	2.89	\$	2.93	15 Minutes	
Prevocational Services Level 4	T2015	U3	TF	22	HQ	\$	3.40	\$	3.45	15 Minutes	
Prevocational Services Level 5	T2015	U3	TG	HQ		\$	4.21	\$	4.27	15 Minutes	
Prevocational Services Level 6	T2015	U3	TG	22	HQ	\$	6.05	\$	6.13	15 Minutes	
Residential Habilitation											
Group Residential Services and Supports- Level 1	T2016	U3	HQ			\$	88.27	\$	89.51	Day	
Group Residential Services and Supports- Level 2	T2016	U3	22	HQ		\$	116.18	\$	117.81	Day	
Group Residential Services and Supports- Level 3	T2016	U3	TF	HQ		\$	136.87	\$	138.79	Day	
Group Residential Services and Supports- Level 4	T2016	U3	TF	22	HQ	\$	161.69	\$	163.96	Day	
Group Residential Services and Supports- Level 5	T2016	U3	TG	HQ		\$	178.62	\$	181.12	Day	
Group Residential Services and Supports- Level 6	T2016	U3	TG	22	HQ	\$	211.36	\$	214.32	Day	
Group Residential Services and Supports- Level 7	T2016	U3	sc	HQ		*NF	₹	*NF	₹	Day	

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#### **Developmental Disabilities**

Version: 1.5

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### Rates Effective July 1, 2017-June 30, 2018



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	ate ective 1/2016	Ef	Rate fective 01/2017	Unit Value	Comments
Individual Residential Services and Supports- Level 1	T2016	U3				\$	64.89	\$	65.80	Day	
Individual Residential Services and Supports- Level 2	T2016	U3	22			\$	104.86	\$	106.33	Day	
Individual Residential Services and Supports- Level 3	T2016	U3	TF			\$	128.12	\$	129.92	Day	
Individual Residential Services and Supports- Level 4	T2016	U3	TF	22		\$	155.99	\$	158.18	Day	
Individual Residential Services and Supports- Level 5	T2016	U3	TG			\$	179.25	\$	181.76	Day	
Individual Residential Services and Supports- Level 6	T2016	U3	TG	22		\$	225.27	\$	228.43	Day	
Individual Residential Services and Supports- Level 7	T2016	U3	sc			*NR		*NF	₹	Day	
Individual Residential Services and Supports/Host Home- Level 1	T2016	U3	тт			\$	60.19	\$	61.03	Day	
Individual Residential Services and Supports/Host Home- Level 2	T2016	U3	22	П		\$	97.25	\$	98.61	Day	
Individual Residential Services and Supports/Host Home- Level 3	T2016	U3	TF	П		\$	118.81	\$	120.48	Day	
Individual Residential Services and Supports/Host Home- Level 4	T2016	U3	TF	22	TT	\$	144.67	\$	146.70	Day	
Individual Residential Services and Supports/Host Home- Level 5	T2016	U3	TG	TT		\$	166.23	\$	168.56	Day	
Individual Residential Services and Supports/Host Home- Level 6	T2016	U3	TG	22	TT	\$ :	208.93	\$	211.86	Day	
Individual Residential Services and Supports/Host Home- Level 7	T2016	U3	SC	тт		*NR		*NF	₹	Day	
Specialized Medical Equ	ipment a	nd Sup	plies								
Disposable Supplies	T2028	U3				\$	1.00	\$	1.00	Dollar	
Equipment	T2029	U3				\$	1.00	\$	1.00	Dollar	

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#### **Developmental Disabilities**

#### Rates Effective July 1, 2017-June 30, 2018



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	ate ctive /2016	 Rate fective 01/2017	Unit Value	Comments
Supported Employment The maximum Supported Habilitation, Supported Co										
Job Coaching, Group- Level 1	T2019	U3	HQ			\$	3.16	\$ 3.20	15 Minutes	
Job Coaching, Group- Level 2	T2019	U3	22	HQ		\$	3.46	\$ 3.51	15 Minutes	
Job Coaching, Group- Level 3	T2019	U3	TF	HQ		\$	3.85	\$ 3.90	15 Minutes	
Job Coaching, Group- Level 4	T2019	U3	TF	22	HQ	\$	4.45	\$ 4.51	15 Minutes	
Job Coaching, Group- Level 5	T2019	U3	TG	HQ		\$	5.32	\$ 5.39	15 Minutes	
Job Coaching, Group- Level 6	T2019	U3	TG	22	HQ	\$	6.94	\$ 7.04	15 Minutes	
Job Coaching-Individual	T2019	U3	SC			\$	13.02	\$ 13.20	15 Minutes	
Job Development-Group	H2023	U3	HQ			\$	4.15	\$ 4.21	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U3				\$	13.02	\$ 13.20	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U3	22			\$	13.02	\$ 13.20	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U3	TF			\$	13.02	\$ 13.20	15 Minutes	
Job Placement	H2024	U3				\$	1.00	\$ 1.00	Dollar	
Job Placement Group	H2024	U3	HQ			\$	1.00	\$ 1.00	Dollar	
Vision	V2799	U3				\$	1.00	\$ 1.00	Dollar	

	Legend
NR*	Individually approved DDD rate
22	(CPT Defn: Increased procedural services)
HQ	Group Setting
SC	Medically Necessary Service or Supply
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TT	Individualized service provided to more one patient in the same setting
U3	Developmentally Disabled (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)

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## **DIDD Targeted Case Management (TCM)**

#### Rates Effective July 1, 2017-June 30, 2018



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	tate ective 1/2016	Eff	Rate ective 1/2017	Unit Value	Comments
Targeted Case Management	T1017	U4				\$	15.87	\$	16.09	15 Minutes	Maximum of 240 units per fiscal year

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. www.colorado.gov/hcpf

Version: 1.5 Date: 03/14/2018

**Supported Living Services** 

## Rates Effective July 1, 2017-June 30, 2018



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2016		Rate ffective /01/2017	Unit Value	Comments
Assistive Technology	T2035	U8				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Behavioral Services						1					
Behavioral Line Staff	H2019	U8				\$	6.63	\$	6.72	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U8	22	TG		\$	24.94	\$	25.29	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U8	TF	TG		\$	24.94	\$	25.29	15 Minutes	Maximum of 208 combined units of
Behavioral Counseling Group	H2019	U8	TF	HQ		\$	8.40	\$	8.52	15 Minutes	Individual and Group Counseling services per Service Plan year.
Behavioral Plan Assessment	T2024	U8	22			\$	24.94	\$	25.29	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Maximum of 7,112 combin Supported Employment pe				Habilit	ation, S	Suppo	orted Con	nmu	nity Conne	ections, Prevoca	tional Services, and
Specialized Habilitation Level 1	T2021	U8	HQ			\$	2.36	\$	2.39	15 Minutes	
Specialized Habilitation Level 2	T2021	U8	22	HQ		\$	2.59	\$	2.63	15 Minutes	
Specialized Habilitation Level 3	T2021	U8	TF	HQ		\$	2.89	\$	2.93	15 Minutes	
Specialized Habilitation Level 4	T2021	U8	TF	22	HQ	\$	3.40	\$	3.45	15 Minutes	
Specialized Habilitation Level 5	T2021	U8	TG	HQ		\$	4.21	\$	4.27	15 Minutes	
Specialized Habilitation Level 6	T2021	U8	TG	22	HQ	\$	6.05	\$	6.13	15 Minutes	
Supported Community Connections Level 1	T2021	U8				\$	2.87	\$	2.91	15 Minutes	
Supported Community Connections Level 2	T2021	U8	22			\$	3.14	\$	3.18	15 Minutes	
Supported Community Connections Level 3	T2021	U8	TF			\$	3.54	\$	3.59	15 Minutes	
Supported Community Connections Level 4	T2021	U8	TF	22		\$	4.07	\$	4.13	15 Minutes	
Supported Community Connections Level 5	T2021	U8	TG			\$	4.90	\$	4.97	15 Minutes	
Supported Community Connections Level 6	T2021	U8	TG	22		\$	6.44	\$	6.53	15 Minutes	
Dental Services											

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Version: 1.5 Date: 03/14/2018

**Supported Living Services** 

Version: 1.5

Date: 03/14/2018

#### Rates Effective July 1, 2017-June 30, 2018



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate Effective 07/01/2016		Rate fective 01/2017	Unit Value	Comments
Basic	D2999	U8					-		-	Dollar	Please refer to DIDD  Dental Fee Schedule for
Major	D2999	U8	22				-		-	Dollar	rates
Home Accessibility Adaptations	S5165	U8				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Homemaker											
Basic	S5130	U8				\$	3.78	\$	3.86	15 Minutes	
Enhanced	S5130	U8	22			\$	6.13	\$	6.26	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Mentorship	H2021	U8				\$	10.00	\$	10.14	15 Minutes	Maximum of 192 units per Service Plan year. Units to provide training to clients for child and infant care shall be prior authorized beyond the 192 units per service plan year in accordance with Operating Agency procedures.
Non-Medical Transportat Maximum of 508 units (trip		rvice P	lan yea	ar (all n	nileage	band	s plus pu	ıblic	conveyan	ce).	
Mileage Band 1 (0-10 Miles)	T2003	U8				\$	5.79	\$	5.79	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U8	22			\$	12.13	\$	12.13	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U8	TF			\$	18.47	\$	18.47	1 Trip	
Other (public conveyance)	T2004	U8				\$	1.00	\$	1.00	Dollar	Bus passes or other public conveyance may be used only when equivalent to or more cost effective than the applicable mileage range.



**Supported Living Services** 

#### Rates Effective July 1, 2017-June 30, 2018



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate ffective /01/2016		Rate ffective /01/2017	Unit Value	Comments
Mileage-Not in Day Program	T2003	U8	SC			\$	5.79	\$	5.79	4 Trips per week	All Distances. Maximum of 208 units (4 trips per week) per Service Plan year.
Personal Care	T1019	U8				\$	4.95	\$	5.02	15 Minutes	
Personal Emergency Response System (PERS)	S5161	U8				\$	1.00	\$	1.00	Dollar	
Prevocational Services Maximum of 7,112 combine Supported Employment pe				Habilit	ation, S	Supp	orted Con	nmur	nity Conne	ections, Prevoca	tional Services, and
Prevocational Services Level 1	T2015	U8	HQ			\$	2.36	\$	2.39	15 Minutes	
Prevocational Services Level 2	T2015	U8	22	HQ		\$	2.59	\$	2.63	15 Minutes	
Prevocational Services Level 3	T2015	U8	TF	HQ		\$	2.89	\$	2.93	15 Minutes	
Prevocational Services Level 4	T2015	U8	TF	22	HQ	\$	3.40	\$	3.45	15 Minutes	
Prevocational Services Level 5	T2015	U8	TG	HQ		\$	4.21	\$	4.27	15 Minutes	
Prevocational Services Level 6	T2015	U8	TG	22	HQ	\$	6.05	\$	6.13	15 Minutes	
Professional Services											
Hippotherapy Individual	S8940	U8				\$	20.72	\$		15 Minutes	
Hippotherapy Group	S8940	U8	HQ			\$	8.81	\$		15 Minutes	
Massage Therapy	97124	U8				\$	18.65	\$	18.91	15 Minutes	
Movement Therapy Bachelors	G0176	U8				\$	15.55	\$	15.77	15 Minutes	
Movement Therapy Masters	G0176	U8	22			\$	22.79	\$	23.11	15 Minutes	
Recreational Facility Fees / Passes	S5199	U8				\$	1.00	\$	1.00	Dollar	
Respite Care										-	
Individual	S5150	U8				\$	4.95	\$	5.02	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10
Individual Day	S5151	U8				\$	197.91	\$	200.68	Day	hours) in a 24 hour period.
Group	S5151	U8	HQ			\$	1.00	\$	1.00	Dollar	Group Respite rates may not exceed the rate paid
Camp (Group, Overnight)	T2036	U8				\$	1.00	\$	1.00	Dollar	for Individual Respite.
Specialized Medical Equi	pment a	nd Sup	plies								
Disposable Supplies	T2028	U8				\$	1.00			Dollar	
Equipment	T2029	U8				\$	1.00	\$	1.00	Dollar	
Supported Employment											

Maximum combined units of Specialized Habilitation, Supported Community Connections, Prevocational and Supported Employment is 7,112 units per plan year.

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#### **Supported Living Services**

#### Rates Effective July 1, 2017-June 30, 2018



			, 201				Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		fective	E	ffective	Unit Value	Comments
	Code	#1	#2	#3	#4	07/	01/2016	07	/01/2017		
Job Coaching, Group- Level 1	T2019	U8	HQ			\$	3.16	\$	3.20	15 Minutes	
Job Coaching, Group- Level 2	T2019	U8	22	HQ		\$	3.46	\$	3.51	15 Minutes	
Job Coaching, Group- Level 3	T2019	U8	TF	HQ		\$	3.85	\$	3.90	15 Minutes	
Job Coaching, Group- Level 4	T2019	U8	F	22	HQ	\$	4.45	\$	4.51	15 Minutes	
Job Coaching, Group- Level 5	T2019	U8	TG	HQ		\$	5.32	\$	5.39	15 Minutes	
Job Coaching, Group- Level 6	T2019	U8	TG	22	HQ	\$	6.94	\$	7.04	15 Minutes	
Job Coaching-Individual	T2019	U8	sc			\$	13.02	\$	13.20	15 Minutes	
Job Development-Group	H2023	U8	HQ			\$	4.15	\$	4.21	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U8				\$	13.02	\$	13.20	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U8	22			\$	13.02	\$	13.20	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U8	TF			\$	13.02	\$	13.20	15 Minutes	
Job Placement-Individual	H2024	U8				\$	1.00	\$	1.00	Dollar	
Job Placement-Group	H2024	U8	HQ			\$	1.00	\$	1.00	Dollar	
Vehicle Modifications	T2039	U8				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Vision	V2799	U8				\$	1.00	\$	1.00	Dollar	

Support Level Aut	horization Limits (SPAL)
Support Level 1	\$13,404.33
Support Level 2	\$17,920.78
Support Level 3	\$20,160.75
Support Level 4	\$23,187.60
Support Level 5	\$27,909.89
Support Level 6	\$36,688.26

Overall Service Plan Limit
\$46,274.00

Legend							
22	(CPT Defn: Increased procedural services)						
HQ	Group Setting						
SC	Medically Necessary Service or Supply						
TF	Intermediate Level of Care						



Version: 1.5 Date: 03/14/2018

**Supported Living Services** 

# COLORADO Department of Health Care Policy & Financing

#### Rates Effective July 1, 2017-June 30, 2018

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2016	Rate Effective 07/01/2017	Unit Value	Comments	
TG	Complex/High Tech Level of Care									
TT	Individualized service provided to more one patient in the same setting									
U8	Supported Living Services (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)									

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#### **Children's Extensive Supports Waiver**

Version: 1.5

Date: 03/14/2018

#### Rates Effective July 1, 2017-June 30, 2018



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2016	Ef	Rate ffective /01/2017	Unit Value	Comments
Adapted Therapeutic Recreational Equipment and Fees											
Equipment	T1999	U7				\$	1.00	\$	1.00	Dollar	Maximum \$1,000 units per year (i.e., \$1,000.00
Fees	S5199	U7				\$	1.00	\$	1.00	Dollar	per year (i.e., \$1,000.00 per year combined limit)
Assistive Technology	T2035	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Behavioral Services											
Behavioral Line Staff	H2019	U7				\$	6.63	\$	6.72	15 Minutes	
Behavioral Consultation	H2019	U7	22	TG		\$	24.94	\$	25.29	15 Minutes	
Behavioral Counseling	H2019	U7	TF	TG		\$	24.94	\$	25.29	15 Minutes	
Behavioral Counseling Group	H2019	U7	TF	HQ		\$	8.40	\$	8.52	15 Minutes	
Behavioral Plan Assessment	T2024	U7	22			\$	24.94	\$	25.29	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Community Connector	H2021	U7				\$	8.33	\$	8.45	15 Minutes	
Home Accessible Adaptations	S5165	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Homemaker											
Basic	S5130	U7				\$	3.73	\$	3.78	15 Minutes	
Enhanced	S5130	U7	22			\$	6.13	\$	6.22	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Parent Education	H1010	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$1,000 per Service Plan year.
Personal Care	T1019	U7				\$	4.95	\$	5.02	15 Minutes	
Professional Services											
Hippo Therapy	S8940	U7				\$	20.72	\$		15 Minutes	
Hippo Therapy Group	S8940	U7	HQ			\$	8.81	\$		15 Minutes	
Massage	97124	U7				\$	18.65	\$	18.91	15 Minutes	
Movement Therapy- Bachelors	G0176	U7				\$	15.55	\$	15.77	15 Minutes	

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#### **Children's Extensive Supports Waiver**

## Rates Effective July 1, 2017-June 30, 2018



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2016	_	Rate ffective /01/2017	Unit Value	Comments
Movement Therapy- Masters	G0176	U7	22			\$	22.79	\$	23.11	15 Minutes	
Respite Maximum of 30 days and 1	1,880 add	litional	15 min	ute uni	ts per S	Servi	ice Plan ye	ear.			
Respite Services- Individual	S5150	U7				\$	4.95	\$	5.02	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10 hours) in a 24 hour period.
Respite Services- Individual, Per Diem	S5151	U7				\$	197.91	\$	200.68	Day	
Respite Services-Group	S5151	U7	HQ			\$	1.00	\$	1.00	Dollar	Group Respite rates may not exceed the rate paid for Individual Respite.
Camp (Group, Overnight)	T2036	U7				\$	1.00	\$	1.00	Dollar	
Specialized Medical Equi Services may be authorize				shed Co	CB thre	sho	lds, beyon	d wh	nich DDD	prior authorization	on is required.
Disposable Supplies	T2028	U7				\$	1.00	\$	1.00	Dollar	
Equipment	T2029	U7				\$	1.00	\$	1.00	Dollar	
Vehicle Modifications	T2039	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Vision Services	V2799	U7				\$	1.00	\$	1.00	Dollar	

	Legend							
22	(CPT Defn: Increased procedural services)							
HQ	Group Setting							
HR	Relative providing care							
TF	Intermediate Level of Care							
TG	Complex/High Tech Level of Care							
U7	Children's Extensive Support							

## Home and Community Based Services: Rates Effective July 1, 2017-June 30, 2018



ADJUSTMENT TABLE									
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER							
HCBS EBD	0.000%	1.00000							
HCBS CMHS	0.000%	1.00000							
HCBS BI	0.000%	1.00000							
HCBS SCI	0.000%	1.00000							
HCBS DD	1.402%	1.01402							
HCBS SLS	1.402%	1.01402							
HCBS/DDD/DHS CWA	0.00%	1.00000							
HCBS/DDD/DHS CHCBS	0.000%	1.00000							
HCBS/DDD/DHS CLLI	0.000%	1.00000							
HCBS/DDD/DHS CES	1.402%	1.01402							
HCBS/DDD/DHS CHRP	1.402%	1.01402							
SLS Basic Homemaker	2.120%	1.02120							
SLS Enhanced Homemaker	2.040%	1.02040							

